

South Western Ambulance Service NHS Foundation Trust

Inspection report

Trust Headquarters, Abbey Court
Eagle Way, Sowton Industrial Estate
Exeter
Devon
EX2 7HY
Tel: 01392 261500
www.swast.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Background information

South Western Ambulance Service NHS Foundation Trust was established on 1 July 2006, and was the first ambulance trust to be authorised as a Foundation Trust on 1 March 2011. The trust acquired Great Western Ambulance Service in 2013.

The geographical area served by the trust covers 10,000 square miles, a fifth of England, and includes Cornwall, the Isles of Scilly, Devon, Dorset, Somerset, North Somerset, Bristol, Bath and North-East Somerset, South Gloucestershire, Gloucestershire and Wiltshire. The area has a large rural population, but also large cities including Bristol, Bath, Plymouth, Exeter, Swindon, Gloucester, Bournemouth and Poole.

The trust operates from a headquarters in Exeter close to the M5 motorway, where senior staff are based, and most of the management, support and administration functions operate from.

There are two emergency operations centres primarily taking the 999 calls and despatching resources, including the helicopter teams. One is co-located within HQ Exeter, and the other in Bristol close to the M5 motorway. The emergency operations centres are staffed by around 450 personnel including:

- Emergency medical advisors taking calls from the public or healthcare professionals.
- Emergency medical dispatchers managing the movement of the ambulances and personnel.
- Special operations teams supporting the deployment of HART team, helicopters, and other specialist response vehicles.
- Teams of clinicians supporting patients with advice and guidance, and colleagues with frontline operational support and expertise. The clinician teams include nurses, doctors, paramedics and midwives.

There are 94 ambulance stations for over three thousand frontline staff of paramedics, some with specialist skills, and emergency care assistants. The trust has six ambulance air bases, and two hazardous area response teams (HART). The HART teams work alongside the fire and rescue services in very difficult circumstances, including in the presence of hazardous materials, working at height or in confined spaces, water rescues, and any situation involving firearms or explosives.

The trust has a team of community first responders. These are drawn from a range of volunteers and other professional organisations to provide support often in rural or hard-to-access areas.

From 2014, South Western Ambulance Service was one of two NHS ambulance services to take part in the various strands of the pilot testing for the proposed Ambulance Response Programme (ARP). The final section of the trial commenced in October 2016, with the trust piloting the new call categories and definitions. This new model and standards for responding to patients came into force for all ambulance trusts in November 2017. The primary reason for introducing ARP was to move away from the approach of any resource that was available attending a patient (and that stopped the clock on the response standard) to the right resource attending the patient in the right time. A new approach to how callers respond to patients had been designed into the triage system to provide an earlier recognition to life-threatening conditions, particularly cardiac arrest.

Data

The trust employs around 4,500 staff.

Summary of findings

In the year 2017/18, the trust attended just under 921,000 emergency (999) incidents. The highest month was December 2017 with 86,500 incidents. The total for the year was an increase of 2.5% over the previous year, with all months but two having higher numbers of incidents recorded. Of all incidents attended, 6% were category 1, the most urgent priority. Category 2 incidents were 45% of the total, with the rest from the lower categories and less urgent priorities.

The trust transported around 450,000 patients to acute hospitals in 2017/18. Just under 40% of these had handover delays of more than 15 minutes. This resulted in around 75 minutes per day, or a total of more than 27,000 hours of resources lost to delays in the year.

In 2017/18, just over half of all incidents were resolved without taking the patient to accident and emergency. Data showed:

- 11.6% were treated over the telephone (called Hear and Treat).
- 35.8% were treated at the scene and not taken to hospital (called See and Treat).
- 5.9% were seen and conveyed for treatment, but not to an accident and emergency department.

Financial position

The financial position at the trust improved in the year 2017/18. In 2016/17 the trust saw a small deficit of £0.4m against a budget to breakeven. Income during that year was £240.4m. In 2017/18, the trust produced a small surplus of £0.3m against a budget to breakeven. Income during that year fell to £233.6m. The trust plans for 2018/19 are to breakeven with a further reduced budget of £227.6m

Source: NHS Improvement

Locations at the trust

The trust's main headquarters is in Exeter. It has three regional divisional headquarters:

- North division headquarters, Bristol
- East division headquarters, Yeovil
- West division headquarters, Bodmin

The trust also has the following internal services:

- Fourteen vehicle workshops distributed around the region.
- An integrated logistics site in Exeter, including stores.
- A medical device unit located at Ferndown.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The trust provides an emergency response to 999 injuries and illnesses, which are likely to require treatment and immediate transport to a hospital or other facility. This service includes:

- Call handling and triage of 999 calls from the public and other calls and requests from healthcare professionals and other emergency services.

Summary of findings

- Prioritisation of calls, using an approved triage system.
- Identification and onward referral to alternative care pathways.
- The provision of frontline and rapid response vehicles with suitably qualified staff, to provide treatment, and meet the needs of patients.

The urgent care service provides a range of non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, treatment or diagnosis. Provision covers the following activities:

- NHS 111 call handling, call triage (clinical assessment), clinical advice and dispatch for Dorset.
- Out of hours service for GP services in Dorset.
- Tiverton (Devon) Urgent Care Centre.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

On 26-28 June and 5 July 2018, we inspected two of the core services provided by this trust. At our last inspection, the frontline service, Emergency and urgent care, was rated as requires improvement. The other major service provided by the trust, the Emergency operations centre, was rated as good. We decided to inspect these two core services this time. The Emergency and urgent care inspection was with 48 hours' notice, and the Emergency operations centre inspection was unannounced. The inspection on 5 July 2018 was an unannounced visit in the evening to the two emergency operations centres.

The other services, which are relatively small were: Out of hours (rated last time as good), Resilience (rated last time as outstanding), and Urgent and emergency care (the urgent care centre at Tiverton, rated last time as good). We decided not to inspect these services this time. The core service, Patient transport, which was inspected last time, is no longer provided by the trust. The 111 services provided by the trust were inspected earlier this year and the report published in June 2018. This service was rated as good.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 17-18 July 2018.

What we found

Overall trust

Summary of findings

Our rating of the trust improved. We rated it as good overall because:

Caring was rated as outstanding. Effective, responsive and well-led were rated as good. Both effective and well-led improved from requires improvement at our 2016 inspection with responsive remaining as good. Well-led at trust level was rated as good. However, safe remained as requires improvement.

- We rated well-led at the trust as good. There was effective, experienced and skilled leadership, a strong vision for the organisation, and embedded values. Leadership had strengthened, and the new structure in frontline services would be local leadership closer to staff, patients and stakeholders. Patient care was a top priority for the trust. There was mostly effective governance around performance, but this had not resolved some previous issues and led to the emergence of others in frontline services. The culture within the staff was enormously variable, although those we met were committed and highly professional. Nevertheless, some felt unsupported in certain aspects of wellbeing, communication and change. There was good and detailed management information available, and strong financial governance and audit. There was commitment to engagement with stakeholders, although the trust needed to move away from public relations to the public supporting service delivery, improvement and change. There was a strong and deep commitment to learning, development and innovation.
- Emergency and urgent care remained rated as requires improvement overall. The questions of safety, effectiveness and well-led remained requires improvement, with responsive remaining good, and caring remaining outstanding. These ratings have not changed since our previous inspection, and although we saw several key improvements since then, there were some problems unresolved, and others emerging. Concerns included the trust failing to meet the standard response times to reach patients, although this was improving recently for the most urgent category. Vehicles and premises were not always secured in accordance with trust policies and procedures. Some consumables and medicines were not in date or secured, and not always disposed of correctly. Not all patient records were always protected. Again, storage of some confidential medicine records failed to meet trust policy and legal requirements. Some improvements were needed in outcomes for patients, particularly those being treated for a stroke. The governance of these issues had not recognised or addressed them. However, there was outstanding care to patients and those who were with them, or involved in an incident. The service was designed to meet people's needs and care for those who needed more individual support. We recognised the leadership and structure in frontline services was relatively new and needed time to embed.
- Emergency operations centres remained rated as good overall. The questions of safety, responsive and well-led remained good. Effective improved from requires improvement to good. Caring remained as outstanding. We found improvements in several areas since our last inspection, although some of these had recently dipped for operational reasons, and needed to be restored. There was a safe service, with systems and process protecting people from harm. This included improved and good levels of staff. There was good multidisciplinary teamworking, and adherence to national guidance and evidence-based practice. There was outstanding caring for people, often in difficult circumstances for both the caller and the staff talking with them. The managers had the experience and skills to lead the service and ensure it was giving safe and quality care. The poor number of regular staff performance reviews were a significant concern at our previous inspection. These had significantly improved, although there was still some progress to be completed to meet targets. Clinical and non-clinical call audits were again not meeting the targets, but were back on track to improve.
- On this inspection we did not inspect Out of hours services, Resilience, or Urgent and emergency care (the Tiverton urgent care centre). The trust no longer provides Patient transport services. The ratings we gave to these services on the previous inspections in October 2016 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Summary of findings

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

Emergency and urgent care was rated as requires improvement. The Emergency operations centre was rated as good. In our previous inspection, Urgent and emergency care and Out of hours services were rated as requires improvement for safety, although good overall. Resilience was rated as outstanding. These services will be re-inspected in the future. In this inspection, they are included in the rating and it remains rated as requires improvement.

In Emergency and urgent care, we were not assured the service was meeting the requirements to provide safe care at all times in all areas. There were issues around infection prevention and control standards and security of vehicles and premises. Some equipment and consumables were out of date for use. Staff were not always reporting incidents. Not all patient information was safely secured. Medicines policies, procedures and legal obligation were not always followed. Staff were not always getting adequate breaks. In the Emergency operations centres, not all staff demonstrated an understanding of learning taken from incidents.

However, in Emergency and urgent care, safety was good in some key areas. Staff were keeping up with their mandatory training and this was meeting targets. Safeguarding was a high priority for the trust and making a difference. Staffing levels were acceptable to provide a safe service most of the time. Although there were day-to-day issues with vehicles, they were otherwise well maintained and serviced. In the Emergency operations centres, the trust provided a safe service to patients and made sure they were protected from abuse. There were safe levels of staff who were trained to provide safe care, and records maintained, infection control practices, the systems used, and how staff recognised and managed patients risks assured us of a safe service.

Are services effective?

Our rating of effective improved. We rated it as good because:

The Emergency operations centre was rated as good. Emergency and urgent care was rated as requires improvement. In our previous inspection, Urgent and emergency care, Out of hours services, and Resilience were rated as good for being effective. These services will be re-inspected in the future. In this inspection, they are included in the rating and it improved to good.

In the Emergency operations centre, staff were competent to carry out their role and there was good multidisciplinary working within the clinical hubs. In Emergency and urgent care, services were provided in line with evidence-based practice. Staff were competent and had many development opportunities. Patients suffering pain were well managed within guidelines and protocols. There was a proactive advanced flow of information between the ambulance service and the hospital receiving patients to prepare emergency department teams in advance. The See and Treat service, which was better than national rates, was helping to avoid hospital admissions. The trust had significantly improved care for patients with cancer and in palliative care through a project with Macmillan Cancer Support. This had provided training for ambulance staff and students across the country.

However, in Emergency and urgent care, the service required improvement in effective care as the trust was failing to meet nationally agreed response time standards. Some patient outcomes needed to be better, particularly those being treated for a stroke, and having seen limited improvement over time. As was the national picture for ambulance trusts, staff had insufficient training in supporting patients with a mental health crisis.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

Summary of findings

Emergency and urgent care and the Emergency operations centres were rated as outstanding. In our previous inspection, Urgent and emergency care, Out of hours services, and Resilience were rated as good for caring. These services will be re-inspected in the future. In this inspection, they are included in the rating and it remains rated as outstanding.

In Emergency and urgent care, there was outstanding care to patients, relatives, and members of the public involved with incidents. Staff were committed to giving the best care to patients, and frequently went above and beyond their responsibility for many patients to support those with social and other physical or mental health needs. Patients were involved, informed and supported in the care and treatment provided, and relatives were included and involved too. In the Emergency operations centre, callers were consistently treated compassionately and staff made sure patients understood what was going to happen and supported them emotionally.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

Emergency and urgent care and the Emergency operations centres were rated as good. In our previous inspection, Urgent and emergency care, Out of hours services, and Resilience were rated as good for being responsive. These services will be re-inspected in the future. In this inspection, they are included in the rating and it remains rated as good.

In Emergency and urgent care, the trust met the needs of the people it supported, both patients and members of the public. People were treated as individuals. The trust actively supported the national priority to reduce admissions to hospital and actively helped patients to get the right service for their needs. In the Emergency operations centre, services met the needs of the local population and the prioritisation system ensured patients received the most appropriate response. Complaints were also investigated thoroughly.

However, in the Emergency operations centre, the needs of frequent callers were not always met. In both services, although responsiveness was good, complaints were not always responded to within target time frames, although responses were thorough. This was, however, an improving picture.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

The Emergency operations centre was rated as good. Emergency and urgent care was rated as requires improvement. In our previous inspection, Urgent and emergency care, and Out of hours services, were rated as good for well-led, Resilience was rated as outstanding. These services will be re-inspected in the future. In this inspection, they are included in the rating and it improved to good.

In Emergency and urgent care, the leadership of frontline services had the skills and experience to carry out their roles. There had been improvements with governance arrangements to bring this closer to staff in frontline leadership roles. There was good engagement with stakeholders and partners to improve and coordinate services. There were no barriers to innovation and development. In the Emergency operations centre, risk was understood and managed and there was a proactive approach to reviewing and improving quality and safety. Morale had improved and there was a strong commitment to improving the quality of the service both locally and nationally.

However, in Emergency and urgent care, there remained a statistically significant number of staff who felt communication with them was not working. The governance processes had not been adequate to ensure the issues with safety had been either discovered or addressed.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in emergency and urgent care. We also found outstanding practice in the trust-wide inspection of the well-led question.

For more information, see the Outstanding practice section in this report.

Areas for improvement

We found areas for improvement including 14 breaches of four legal requirements that the trust must put right. We found 53 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements at the trust-wide level, and with emergency and urgent care.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- The trust was in the middle of a project funded by Macmillan Cancer Support. It was the first organisation of its kind to develop and deliver training to its staff to provide care and treatment to patients with cancer or receiving palliative care. The project had produced education and training packages for all paramedics, reached students in training, and been involved with setting the competency framework for new paramedics.
- The work with Macmillan Cancer Support had also provided more appropriate care for cancer and palliative patients and avoided admissions into emergency departments. The trust had specialist paramedics who carried 'just in case' medicines. Training addressed the lack of emergency care available to these patients and recognised cancer and palliative patients were increasingly regular callers to the ambulance service. Feedback from patients, carers and healthcare professionals, including GPs and hospital consultants, had been exceptionally positive.
- The trust supported staff through safeguarding supervision. This was a new approach within ambulance trusts and involved protected time for certain groups of staff, dependent on their exposure to safeguarding issues, to reflect and contain any of their anxieties around working in such a high-pressured environment.

Summary of findings

- The introduction of a new Joint Royal Colleges Ambulance Liaison Committee (JRCALC) + phone application allowed staff to access all clinical updates and policies on their mobile phones. This made it easier for staff to keep up-to-date with changes and for managers to have a central oversight of which staff had and had not acknowledged certain updates.
- Crews showed excellent multidisciplinary working both within the service, and with other organisations. Crews pulled together and responded in a collaborative way to deliver treatment and care in the best interests of the patient.
- The trust linked with other emergency services and had recently worked with Gloucestershire Fire and Rescue to develop and pilot a first responder service for non-injury fallers. The service identified patients who had fallen and required assistance, but were not injured, and dispatched a fire crew to assist the patient rather than an ambulance. A similar pilot had also recently started involving the community first responders.
- Staff acted with integrity, compassion and kindness towards their patients and went above and beyond on multiple occasions. Examples included playing music to help calm a distressed patient, arranging 'meals on wheels' for a socially isolated patient, and demonstrating integrity by abandoning breaks to attend emergency calls.
- The trust ran a student paramedic conference every year. The trust had connections with several universities in the area and was working on converting these graduates so they ended up working with the trust. This was a new initiative that had been put in place in the last three months and had seen uptake of graduates to positions in the trust rise to 90%.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve:

Trust-wide

- Obtain Disclosure and Barring Service (DBS) checks for all members of staff where these are required by trust policy before they commence work or take up a new role where DBS is required. Provide evidence to show the organisation had met its responsibilities and accountability for ensuring all director's declarations met the requirements at appointment and beyond in accordance with trust policy. Ensure all DBS paperwork is returned to the employee in line with trust policy, unless circumstances permit its retention.

Emergency and urgent care

- Improve response times for patients across all categories of calls.
- Make sure controlled drug record books are stored securely and are not accessible to unauthorised persons.
- Secure all medicines on vehicles, especially when vehicles are left unattended.
- Monitor room temperatures where medicines are stored and make sure this is recorded and displayed for all authorised staff.
- Make sure only authorised staff have access to medicines, both on vehicles and at stations.
- Strengthen and review physical records storage and security including electronic devices, ensuring no unauthorised access is possible.

Summary of findings

- Secure station premises when unattended to ensure no unauthorised access to equipment, uniforms and records is possible.
- Audit and rotate consumable and single use stock and equipment to make sure expired items are removed from use.
- Make sure the paramedic bag 'ready for use' coloured tag system is used consistently and correctly across all stations.
- Reinforce best practice in the safe disposal of medicines.
- Separate, store and dispose of clinical waste following trust policy to be in line with Department of Health guidance.
- Take measures to embed and consolidate recent improvements in outcomes for patients using the service, including those on ST-elevation myocardial infarction (STEMI) and stroke specific pathways.
- Ensure that all those areas listed above are resolved through a stronger and more effective approach to governance and audit.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

Trust-wide

- Identify how the existing governance arrangements failed to recognise the operational issues set out within the report ensuring that future governance arrangements focus on learning and improvement.
- Consider whether the development programme for senior staff is following those areas identified as most needing improvement.
- Develop a system which provides evidence of senior executive visibility at all trust sites and teams.
- Discuss with the board whether a committee for information, communication and technology should be formed to support this critical function.
- Produce strategies within the various strands of the service that are aligned with the overarching trust strategy.
- When producing strategies or Quality Account priorities for the future, ensure these are aligned with local and regional plans, and the trust's objective. When these are not achieved or partially achieved, explain how they will continue to be in focus.
- Look again at the areas relating to culture and where 2017 NHS Staff Survey results have deteriorated to improve staff motivation, recognition of their work, and satisfaction with the quality of work and care they deliver. Consider the views of staff representatives we have reported and how to improve engagement with and morale of staff.
- Review the Freedom to Speak-up Guardian arrangements, as they do not reflect the latest best practice guidance from the National Guardian. Ensure promotion of the role reaches the people it is required to support.
- Develop the equality and diversity steering group to provide support to minority staff groups and potential staff.
- Produce and publish a Workforce Race Equality Standard which is both current and described the actions of the trust to address inequalities.
- Tackle the findings of the independent culture survey and identify measures to be able to judge the success of actions taken to resolve this.
- Understand why trust staff reported through the 2017 NHS Staff Survey that the quality of performance reviews (appraisals) had deteriorated.

Summary of findings

- Add the risks of the recognised weaknesses in mental health training to the risk register to have a measurable approach to future resolution.
- Continue to improve the response to complaints in order that all are responded to within the trust's targets.
- Review the way in which performance is reported to be able to forecast and predict future demand for services and treatment.
- Continue the pathway to grow and mature engagement with members of the public to move from public relations to shaping and developing services for the future with their input. Make sure the strategy to do this is measurable.
- Develop a strong evidence-based programme of quality improvement in all aspects of the trust's work.

Emergency and urgent care

- Introduce measures to ensure the general cleanliness of stations, store rooms and vehicles, and demonstrate compliance with this.
- Give staff time to complete adequate vehicle checks, allowing time for restocking and cleaning, and demonstrate this.
- Reinforce make ready operatives training to ensure vehicles are thoroughly and consistently cleaned to the required standard.
- Make sure staff fill in and dispose of sharps bins in line with trust and best practice guidance.
- Make all appropriate equipment available for staff, ensuring there are sufficient numbers of essential pieces of equipment in circulation.
- Only use medical electrical devices which are within their electrical safety and planned preventive maintenance dates and remove any from use which are not.
- Review how changes to equipment, including removal of equipment from vehicles, is communicated to staff.
- Ensure resuscitation polices reflect up-to-date guidance for adult and paediatric cardiac arrest situations and polices are clear on the use of automatic external defibrillators and associated equipment.
- Introduce a system to visually demonstrate vehicle cleanliness to staff coming onto shift.
- Investigate reasons of perceived low levels of staff morale.
- Offer staff who have witnessed traumatic events support both immediately after the event, and later, and make sure staff have access to a full and meaningful debrief.
- Increase the visibility of senior managers at station level.
- Share learning from complaints with frontline staff, including changes which may have taken place as a result.
- Make sure sufficient staff are available to validate new paramedics' decisions not to convey to minimise delays in patient care.
- Give staff communication aids on vehicles to help them communicate with people who may be living with dementia, autism, sensory loss or other learning disabilities.
- Establish and implement specific training for staff dealing with patients experiencing mental health crises.
- Protect time for appraisals, and make sure they are meaningful and free from interruptions.
- Gain assurance that staff recognise and understand feedback and learning from incidents.
- Look at how operational messages and updates are communicated with staff to ensure they are being received.

Summary of findings

- Develop and allow staff to undertake 'difficult conversation' training where possible.
- Remove and replace out of date Joint Royal Colleges Ambulance Liaison Committee (JRCALC) pocket books, to give staff access to the most up to date best practice guidance.
- Make patient complaint leaflets and information readily available to all staff.

Emergency operations centre

- Conduct regular rehearsals for system failures in the EOCs to ensure staff are familiar with the procedure.
- Review the welfare call process and develop a way to ensure welfare calls are carried out in accordance with recommendations made by the clinicians.
- Ensure staff are familiar with all incidents they should be reporting in accordance with the trust's incident reporting policy.
- Make improvements to the delays in investigating and reporting on serious incidents.
- Review the process for providing feedback to ensure staff are familiar with learning following incidents or serious incidents.
- Continue to improve the quantity and quality of the call audit programme.
- Make sure time is factored into dispatchers shifts to enable them to complete handovers.
- Ensure there is a system to monitor performance of the clinical advisors using the clinical support tool.
- Continue to improve the rate of appraisals to ensure trust targets are met.
- Address the gaps in training for all staff who come into contact over the telephone or in person with people having a mental health crisis.
- Make sure the needs of frequent callers are identified, reviewed and consistently met.
- Make improvements to the time in which category one calls are identified to enable a fast response to patients.
- Improve morale within the clinical team and work to integrate the team into the wider EOCs.
- Make sure documents and meeting minutes provide clear evidence of discussions around quality, and evidence of scrutiny of information. Include detail to demonstrate the quality and depth of discussions held and actions taken.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

- The leaders had the skills, knowledge and integrity to run the organisation. There was strong support and constructive challenge among the leadership team and the trust board. The leaders were visible and approachable and they understood the challenges the trust faced. The new structure in frontline services would bring the leadership closer to their staff, patients and stakeholders and our expectation was of a stronger station to board assurance.

Summary of findings

- Patient care, quality and sustainability were central features of the vision and strategy. Staff understood the vision and values, which had involved them in their development.
- Most staff felt valued and supported, although there remained a number who did not, and the 2017 NHS Staff Survey, although mostly better than other ambulance trusts, had some varying results in terms of culture. Many staff spoke highly about the Staying Well service provided by the trust. Most were proud to work for the organisation and the care they delivered.
- Performance reviews for staff had significantly improved and there was a wide-ranging programme of development for all staff if they wanted the opportunity. Most staff said they felt valued, although not all felt change had been handled well. Most staff felt safe and confident to raise concerns. There were supportive and appreciative relationships among staff and teams.
- There was strong financial governance and a culture of financial integrity.
- There were structures, processes and systems of accountability to deliver good quality sustainable services, although some had failed to provide effective assurance. All levels of governance interacted with each other appropriately.
- Board committees had good terms of reference and were clear in their responsibilities and accountabilities. The board had a strong focus upon patient safety and quality care. Although, given the critical nature of information, the trust board did not have a committee focusing upon information, communication and technology.
- Medicines safety was effectively integrated into the governance structure of the trust. The trust measured medicines optimisation against the strategy approved by the trust board. The medicines optimisation strategy aimed to improve medicines optimisation during the transfer of patient care between different health and social care providers and people's places of work and homes.
- Financial outcomes had been consistently strong over the last three years.
- There were comprehensive assurance systems around performance. There was a systematic programme of internal audit and risk management. Potential risks were accounted for when planning services around probable or known increases in demand.
- Call handling was good and the trust was better than national averages for the time it took to answer a call, and how many were closed with telephone advice or onward referral to other providers. The trust performed well against national averages for avoiding the conveyance of patients to A&E departments when this was not the best option.
- Although performance to reach patients was failing to meet standards, this was understood. It received sufficient coverage in meetings at all levels and was understood by all staff.
- There were positive and collaborative relationships with external stakeholders and partners. There was transparency and openness with all stakeholders about performance. The trust was working and improving contact with groups who represented patients and the public.
- There was commitment to learning, improvement and innovation. There had been outstanding collaboration with Macmillan Cancer Support to provide local and now national training and development to the benefit of patients living at home with cancer and in palliative care.

However:

- The trust strategy did not show how it was aligned with local plans and priorities and quality priorities did not all align to strategic or national priorities.
- Although a new person had just been appointed to the role, the Freedom to Speak Up Guardian was not well-known within the organisation, and more work needed to be done to meet national guidance on this role.

Summary of findings

- The trust had failed to obtain a Disclosure and Barring Service check for two of its senior executives before they took up their posts this year.
- There were significant differences in the experiences of Black and Minority Ethnic staff when compared with their White colleagues.
- There was a high level of reported violence, bullying, abuse and harassment to staff from members of the public.
- There had been an unacceptable delay in responding in full to patient complaints, although this was showing an improving trajectory.
- The trust was failing to meet performance standards to reach patients in time, although this was recognised and at the top of the trust's risk register.
- The trust recognised it needed, along with ambulance services nationally, to improve care, treatment and training for supporting patients with mental health needs. This included the need to bring in training for restraint, and dealing with mental health needs at triage and with frontline services. Work with local mental health trusts was planned to support this area.
- The board assurance framework did not provide assurance as to whether the controls around performance were effective.
- The trust performance was not being used to predict and model demand for services to shape and drive the service of the future.
- There was good engagement with the public, but the trust needed to move away from public relations to involving the public in shaping and improving services.

Ratings tables

| Key to tables | | | | | |
|---|-----------|---------------|----------------------|-----------------|------------------|
| Ratings | Not rated | Inadequate | Requires improvement | Good | Outstanding |
| Rating change since last inspection | Same | Up one rating | Up two ratings | Down one rating | Down two ratings |
| Symbol * | ↔ | ↑ | ↑↑ | ↓ | ↓↓ |
| Month Year = Date last rating published | | | | | |

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|------------------------|-------------------------------|------------------------|------------------------|------------------------|
| Requires improvement ↔ Sept 2018 | Good ↑ Sept 2018 | Outstanding ↔ Sept 2018 | Good ↔ Sept 2018 | Good ↑ Sept 2018 | Good ↑ Sept 2018 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------------|--|--|-------------------------------|------------------------|--|--|
| Emergency and urgent care | Requires improvement ↔ Sept 2018 | Requires improvement ↔ Sept 2018 | Outstanding ↔ Sept 2018 | Good ↔ Sept 2018 | Requires improvement ↔ Sept 2018 | Requires improvement ↔ Sept 2018 |
| Emergency operations centre | Good ↔ Sept 2018 | Good ↑ Sept 2018 | Outstanding ↔ Sept 2018 | Good ↔ Sept 2018 | Good ↔ Sept 2018 | Good ↔ Sept 2018 |
| Urgent and emergency care | Requires improvement Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 |
| Resilience | Outstanding Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 | Outstanding Oct 2016 | Outstanding Oct 2016 |
| Out of hours | Requires improvement Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 | Good Oct 2016 |
| Overall | Requires improvement ↔ Sept 2018 | Good ↑ Sept 2018 | Outstanding ↔ Sept 2018 | Good ↔ Sept 2018 | Good ↑ Sept 2018 | Good ↑ Sept 2018 |

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency and urgent care

Requires improvement   

Key facts and figures

South Western Ambulance Service NHS Foundation Trust has responsibility for the provision of ambulance services across an area of 10,000 square miles, 20% of mainland England. The trust covers the counties of Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire and the former Avon area (Bristol, Bath, North and North-East Somerset and South Gloucestershire).

The trust serves a total population of over 5.5 million, with the region estimated to receive an influx of over 23 million visitors each year. The area is mostly rural but also included large urban centres including Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole.

Emergency and urgent care, known within the trust as the accident and emergency service line, was managed over three divisions. The east division covered the counties of Somerset and Dorset. The west division covered Devon, Cornwall and the Isles of Scilly. The north division covered Bristol, Gloucestershire and Wiltshire. Each division was managed by a head of operations. Just prior to our inspection, South Western Ambulance restructured its divisions to operate as six counties and Devon as a county divided in two (north and south) – eight therefore in total.

The counties listed above are now run by eight county commanders with their divisional team. As this restructure was very new at the time of our inspection, we inspected and have reported on the previous divisional arrangements of east, west and north.

Within each division, ambulance stations were managed in sectors by operations managers, while at station level operations officers provided day-to-day management, including incident support at serious incidents.

There were 94 ambulance stations and 1,117 vehicles trust-wide. The vehicles available included:

- 369 ambulances
- 191 rapid response vehicles
- 7 motorcycles
- 13 special event vehicles

Other vehicles included pool and lease cars, training simulators, urgent care vehicles and fleet vehicles.

The trust provides the clinical teams for six air ambulances (two in Devon, one in Cornwall and the Isles of Scilly, one shared across Dorset and Somerset, one in Wiltshire and one based near Bristol).

The trust employs over 4,000 mainly clinical and operational staff (including paramedics, emergency care practitioners, advanced technicians, ambulance care assistants and nurse practitioners), plus GPs and around 2,785 volunteers (including community first responders, BASICS doctors and fire co-responders).

During the inspection visit, the inspection teams:

- In the east division visited ambulance stations in Yeovil, Taunton, Ilminster, Sherborne, Shepton Mallet, Glastonbury, Dorchester, Weymouth, Weston-super-Mare, Frome, Poole, Castle Cary, Bridgwater, Blandford, Axminster and Dawlish.
- In the west division visited ambulance stations in Plymouth, Torquay, Totnes, Dartmouth, Paignton, Bodmin, Liskeard, Exeter, Tavistock, Okehampton, Exmouth, Ashburton, Barnstaple, Bideford and Cullompton.

Emergency and urgent care

- In the north division visited ambulance stations in Bath, Bristol, Trowbridge, Swindon, Stroud, Keynsham, Soundwell, Staverton, Dursley and Almondsbury.
- Talked with 17 patients, 14 relatives and one carer.
- Observed staff giving care to patients.
- Reviewed 18 sets of patient records.
- Inspected 40 ambulances and their equipment.
- Reviewed medicines storage in 32 stations.
- Looked at trust policies and performance information from, and about the trust.

Spoke with 155 members of staff at a variety of grades including paramedics, GPs, operations managers and officers, emergency care assistants, technicians, mechanics and administrative staff.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- We were not assured the service was meeting the requirements to provide safe care at all times in all areas. There were issues around infection prevention and control standards and security of vehicles and premises. Some equipment and consumables were out of date for use. Staff were not always reporting incidents. Not all patient information was safely secured. Medicines policies, procedures and legal obligation were not always followed. Staff were not always getting adequate breaks.
- The service required improvement in effective care as the trust was failing to meet nationally agreed response time standards. Some patient outcomes needed to be better, having seen limited improvement over time. As was the national picture for ambulance trusts, staff had insufficient training in supporting patients with a mental health crisis.
- Although responsiveness was good, complaints were not always responded to within target time frames, although responses were thorough. This was, however, an improving picture.
- Well-led was rated as requires improvement. There remained a statistically significant number of staff who felt communication with them was not working. The governance processes had not been adequate to ensure the issues with safety had been either discovered or addressed.

However:

- Safety was good in some key areas. Staff were keeping up with their mandatory training and this was meeting targets. Safeguarding was a high priority for the trust and making a difference. Staffing levels were acceptable to provide a safe service most of the time. Although there were day-to-day issues with vehicles, they were otherwise well maintained and serviced.
- To be effective, services were provided in line with evidence-based practice. Staff were competent and had many development opportunities. Patients suffering pain were well managed within guidelines and protocols. There was a proactive advanced flow of information between the ambulance service and the hospital receiving patients to prepare emergency department teams in advance. The See and Treat service, which was better than national rates, was helping to avoid hospital admissions. The trust had significantly improved care for patients with cancer and in palliative care through a project with Macmillan Cancer Support. This had provided training for ambulance staff and students across the country.

Emergency and urgent care

- There was outstanding care to patients, relatives, and members of the public involved with incidents. Staff were committed to giving the best care to patients, and frequently went above and beyond their responsibility for many patients to support those with social and other physical or mental health needs. Patients were involved, informed and supported in the care and treatment provided, and relatives were included and involved too.
- The trust met the needs of the people it supported, both patients and members of the public. People were treated as individuals. The trust actively supported the national priority to reduce admissions to hospital and actively helped patients to get the right service for their needs.
- The leadership of frontline services had the skills and experience to carry out their roles. There had been improvements with governance arrangements to bring this closer to staff in frontline leadership roles. There was good engagement with stakeholders and partners to improve and coordinate services. There were no barriers to innovation and development.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- A number of stock rooms, including medicines store rooms, were visibly dirty and there were no formal cleaning schedules or checklists for these areas.
- Some staff who deep cleaned vehicles could not tell us about or show us evidence of specific training for their jobs, and we saw several vehicles return from deep cleans with contaminated items still on board.
- Some clinical waste and sharps bins were not used or stored in line with trust policy or best practice guidance.
- Hand hygiene compliance was poor, and results were not displayed in most stations we visited.
- Although the incident reporting culture was generally good, some staff saw little value in continually reporting the same concerns as they had received little to no response to them. Some staff told us they did not recognise how and when feedback had been provided or what actions were taken because of their reporting.
- Crews assumed ambulances were clean and ready for use, and there was no formal way to record or demonstrate this.
- Some equipment was found to be past its servicing date and multiple single use items were found to be past their expiry dates.
- In places, station security did not always keep people safe. There were examples of stations and ambulances not being locked, meaning members of the public had access to vehicles, equipment and uniforms.
- Not all ambulances and rapid response cars were secured when staff were escorting patients into emergency departments at hospitals or tending to patients at other locations. This meant unauthorised people could access the ambulances and cars and have access to equipment and, at times, medicines.
- Some confidential patient information was not always stored securely, and we found patient records stored in staff pigeon holes and lockers.
- Medicines systems used by staff were not always safe and the trust's policies, procedures and protocols were not always followed by staff.

Emergency and urgent care

- There were examples of medicines not always stored in line with manufacturer guidance. Temperature monitoring of store rooms was not formally being carried out or recorded.
- Some staff did not always dispose of medicines safely and did not always follow best practice and trust guidance.
- Some staff did not always have access to essential equipment to carry out their role, and changes to equipment were not always effectively communicated.
- Some staff were not clear on how to use resuscitation equipment for children under one year old. Trust policy did not reflect the most up-to-date guidance in relation to using automated external defibrillators.
- Staff did not always get adequate breaks or time off during or between shifts, and frequently experienced significant shift overruns, especially in some more rural areas.

However:

- Staff received training in processes and practices. There was good compliance with mandatory training levels.
- Safeguarding of adults, children and young people was given sufficient priority. Staff knew how to recognise and report allegations or incidents of abuse.
- Staffing levels and skill mix were planned and reviewed so people received safe care and treatment.
- Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. The introduction of electronic records had improved access and the sharing of information.
- Staff recognised and responded to the changing condition of patients and acted in accordance with both trust and best practice guidance.
- Vehicles were well-maintained by a dedicated team of specialist mechanics and received appropriate servicing and repairs at planned intervals or as and when required.

Is the service effective?

Requires improvement ● ➔ ➜

Our rating of effective stayed the same. We rated it as requires improvement because:

- Response times were failing. The trust was failing to get to patients within the target response times. This had the potential for increased mortality rates for patients who were most in need and at risk from delays in response times.
- Some patient outcomes measured poorly, although some now showing recent improvement. Nevertheless, data showed the trust had low patient survivability for patients who suffered a cardiac arrest or stroke.
- Category three and four calls (less urgent) were held to make crews available for category one and two calls. This meant some patients who were category three and four could be waiting for several hours past the standard time before being seen by a crew.
- Some staff had very little training in mental health beyond their mandatory training. There was no further training to manage patients presenting with complex mental health conditions who were in a crisis. Some ambulance personnel stated they did not feel adequately equipped to deal with patients suffering from poor mental health.

However:

- The service provided evidence-based care and treatment in line with national guidelines such as the Joint Royal Colleges Ambulance Liaison Committee and the National Institute for Health and Care Excellence.

Emergency and urgent care

- Staff had access to enhanced clinical support and used this when necessary. Clinical advice was available through the emergency operations centre.
- Staff used appropriate pain scales to assess and treat pain in all patients, including children and patients with learning disabilities or dementia.
- Technology and equipment was used to enhance the delivery of effective care and treatment. Ambulance crews could send patient information related to their current condition, for example stroke or trauma, to the receiving centre ahead of arrival.
- Paramedics could identify patients that did not require hospital admission in accordance with the protocol for 'See and Treat'. They provided care without patients having to attend the emergency department.
- The trust was working with a specialist cancer charity to provide more appropriate care for end of life patients and avoid unnecessary admissions into emergency departments.

Is the service caring?

Outstanding ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff acted with integrity, compassion and kindness. We saw examples of where staff had gone over and above their responsibilities to patients, relatives and other involved on numerous occasions. Examples included finding music on the phone of one of the paramedics to help calm and anxious patient with dementia; arranging 'meals on wheels' for a patient who was socially isolated; and voluntarily abandoning breaks to attend emergency calls.
- There was a strong and visible patient-centred culture. Staff were kind and caring, and showed respect to patients and others involved with incidents. We had numerous examples of staff recognising patients or carers in a crisis, which was not always clinical, and went the extra mile to help.
- Staff took time with patients and carers who were anxious to give them time to ask questions and help to manage their anxiety. Those patients we met said they felt assured they were listened to, and given the information they needed. Staff recognised how distressful many situations were for patients and members of the public and were reassuring and supportive.
- Relatives and people close to patients were supported, particularly when there was an emergency or crisis. They told us they received good emotional support and reassurance.
- Staff recognised the impact an emergency, or life-threatening illness or injury had on all those involved, and treated everyone with respect and empathy. They prioritised the patient at all times, but did not lose sight of the carers, family or others involved, including children and others who might be vulnerable or needed their own support.

However:

- Friends and family test results were mixed and the trust had an overall response rate much lower than the England average for ambulance trusts.

Is the service responsive?

Good ● → ←

Emergency and urgent care

Our rating of responsive stayed the same. We rated it as good because:

- A GP responder car scheme had been rolled out to provide primary care to patients in their own homes, which had helped reduce unnecessary admissions.
- The trust worked with commissioners to develop a focused action plan to help drive efficiency and improve performance times.
- Community first responders and the fire service were involved in a project to respond to non-injury fallers.
- The trust had a standard operating procedure, which it invoked during times of extreme pressure, when crews were experiencing significant handover delays.
- The trust was focused on the 'front door challenge', which aimed to reduce admissions to hospital by signposting patients to appropriate community services.
- The 'right place, right care, right time' initiative had continued to reduce inappropriate admissions, ensuring patients received the best possible care, in the most appropriate place and at the right time.
- Information sharing had improved with the roll-out of the electronic record, and care summaries were shared in real time with other healthcare providers.
- Staff were aware of, and had access to, translation and interpretation services through their electronic record device.
- Complaints were responded to well in terms of the quality and work that went into the responses and contained suitable updates and information for patients.
- Progress and performance against the Ambulance Response Programme standards was monitored daily through trust-wide operational calls and reports to the National Ambulance Advisory Council, which benchmarked performance data from all ambulance trusts nationwide.

However:

- Staff did not have access to any enhanced communication aids for patients with learning disabilities, dementia or sensory loss.
- Complaints were not always responded to within target timeframes, although this was improving.
- A lack of staff able to validate the decisions of newly qualified paramedics to leave patients at home was leading to some delays in crews being able to leave scene promptly.

Is the service well-led?

Requires improvement ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Governance and audit systems had failed to recognise and address the issues we found with safety.
- Not all staff felt the visibility of senior management was good.
- Some staff reported low morale and felt goodwill shown by staff was not always recognised. NHS Staff Survey results had deteriorated for staff satisfaction with their role.
- Staff felt there were variances in how sickness absence was managed among staff, and some staff felt their welfare was not a priority.

Emergency and urgent care

- Staff felt communication between management and frontline staff was not always effective when major changes were being implemented or discussed.
- Systems were not monitoring excess hours staff worked in any agreed secondary employment to ensure they were working safely.
- Patient and confidential information was not always as secure as it needed to be.

However:

- The new structure in frontline services and introduction of county commanders and their teams would bring the local leadership closer to their staff, patients and stakeholders.
- There was a comprehensive system to review risks and provide assurance to the board, which was well recorded.
- The new system of governance (quality buddy reports) provided concise relevant quarterly information to county commanders about safety and performance issues.
- There was good interagency working and cooperation.
- Social media was used well to communicate with staff who worked remotely from other areas of the organisation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Emergency operations centre

Good   

Key facts and figures

South Western Ambulance Service NHS Foundation Trust and the emergency operation centres (EOCs) provide services across a large portion of England including Cornwall, the Isles of Scilly, Devon, Dorset, Somerset, North Somerset, Bristol, Bath and North-East Somerset, South Gloucestershire, Gloucestershire and Wiltshire. The trust's area of operation covers 10,000 square miles, is predominantly rural, but also includes large urban areas such as Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole. The trust serves a population of 5.3 million people, which increases over the summer months due to the influx of tourists to the South West of England.

The role of the EOCs is to receive 999 ambulance calls from members of the public and other emergency services. Staff assess caller's needs, take decisions, provide advice, and dispatch ambulances to the scene as appropriate. Staff also provide assessment and treatment or advice to callers who do not need an ambulance response, a service known as 'Hear and Treat'. This involves staff giving advice to callers including self-care, making an appointment to see their GP, or directing them to other services. Staff in the EOCs manage requests from healthcare professionals, such as GPs and hospital staff, to convey patients from the community into hospital, or transfer between different hospitals.

South Western Ambulance Service has two primary EOCs. These are known at the trust as 'clinical hubs'. The first is at trust headquarters in Exeter, and the second in Bristol. The new site was under development for the Bristol EOC at the time of our previous inspection in 2016. Staff moved into the new offices in November 2016. The Exeter and Bristol EOCs currently work as one 'virtual' hub with 999 calls routed to the next available operator, and vehicles dispatched from the hub responsible for the local area. The Exeter and Bristol hubs have both emergency medical dispatchers (EMDs) (staff trained to take and triage emergency calls), dispatchers (staff who managed and dispatched ambulances and other emergency vehicles) and trained clinicians (nurses and paramedics) assessing patients and giving clinical advice to the EMD, the patient or their carer.

During this inspection we spoke with around 87 members of staff including emergency medical dispatchers, dispatchers, clinicians, team leaders, supervisors, duty managers, the quality and complaints team, a safeguarding named professional, and senior managers. We listened to 107 emergency calls and heard how callers were treated and responded to over the phone. We looked at and analysed data about the organisation, and information provided to us by the trust.

In this report we will refer to the EOCs as either the clinical hubs or the North (Bristol) hub or the South (Exeter) hub.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The trust provided a safe service to patients and made sure they were protected from abuse. There were safe levels of staff who were trained to provide safe care, and records maintained, infection control practices, the systems used, and how staff recognised and managed patients risks assured us of a safe service.
- Staff were competent to carry out their role and there was good multidisciplinary working within the clinical hubs.
- Callers were consistently treated compassionately and staff made sure patients understood what was going to happen and supported them emotionally.

Emergency operations centre

- Services met the needs of the local population and the prioritisation system ensured patients received the most appropriate response. Complaints were also investigated thoroughly.
- Risk was understood and managed and there was a proactive approach to reviewing and improving quality and safety. Morale had improved and there was a strong commitment to improving the quality of the service both locally and nationally.

However

- Not all staff demonstrated an understanding of learning taken from incidents. The trust needed to make improvements to call audits to make sure care was effective for patients and good outcomes.
- The needs of frequent callers were not always met.
- Improvements were required to ensure a consistent and timely response to complaints.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Mandatory training was provided to all staff with the EOC being compliant with the trust's target.
- There were reliable systems and processes to safeguard patients from abuse and harm.
- There were processes to identify infection control issues to minimise risks to staff and patients.
- Premises and equipment was suitable to ensure safe delivery of the service at the EOCs.
- There were good staffing levels at the EOCs. Rotas were now designed to be able to provide relief cover so staff could be released to attend training or complete mandatory training.
- Risks were managed positively and triage systems prioritised calls based on risk and patient need.
- Patient notes were held securely and managed safely. Warning markers were also available to provide additional information to EMDs and clinicians to support decision making.

However:

- Some staff were unaware of any learning following incidents and serious incidents which had occurred across the EOCs.
- Most staff were not reporting incidents of verbal abuse by callers despite this being trust policy.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- There were opportunities for professional development.
- There was good multidisciplinary working between the team in the clinical hubs.

Emergency operations centre

- Between November 2017 to April 2018, the trust's average call answer time was consistently better than the England average.

However:

- The EOCs were below the target for completing clinical and non-clinical call audits to review the quality and safety of the calls taken.
- Re-contact rates were worse than the national average.

Is the service caring?

Outstanding   

Our rating of caring stayed the same. We rated it as outstanding because:

- There was a strong and visible patient-centred culture. Treating all callers with compassion dignity and respect was embedded into the delivery of the service.
- Staff acted with integrity and kindness. They were highly motivated to provide support and care to patients or callers which was compassionate and empathetic. Communication was clear and informative in a variety of stressful situations. Staff understood the importance of ensuring callers understood the information they had been given.
- Relationships between staff and callers to the service, even though often for a short amount of time, were supportive. Staff recognised when patients and callers needed to be supported emotionally and took the time to do this.
- Staff recognised the impact an emergency, or life-threatening illness or injury had on all those involved, and treated everyone with respect and empathy. The emotional needs of callers and patients were recognised by staff and embedded in the support and care they provided.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Services were planned and delivered to meet the needs of the local people.
- The EOCs could support patients with additional needs and had access to translation and text messaging services.
- The auto dispatch system enabled automatic dispatch for category one calls.
- Complaints were investigated thoroughly.

However:

- The service was not compliant with the trust's target time to respond to complaints, although this had recently much improved.
- The needs of frequent callers were not always identified, reviewed and met consistently.
- Time taken to identify category one (life threatening calls) was above (worse than) the national average.

Emergency operations centre

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- There was a clear vision and strategy for the EOCs which staff were aware of.
- The governance framework had clear responsibilities and there was a good approach to monitoring and improving quality and safety.
- Risks associated with the EOCs were understood and managed and there were clear protocols and processes to respond to major incidents.
- Morale at the clinical hubs had improved.
- Dispatchers and EMDs morale was much improved and work was ongoing to align the clinical hubs and reduce the differences between the clinical hubs.
- The EOCs were committed to improving the quality of services both locally and nationally.

However:

- Not all staff in the clinical teams described morale as being positive.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Diagnostic and screening procedures
Surgical procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Our inspection team

This inspection was led by Alison Giles, Inspection Manager, and overseen by Mary Cridge, Head of Hospital Inspections. Two executive reviewers, Anne-Maria Newham, Director of Nursing, Allied Health Professionals, and Quality, and David Melbourne, Chief Operating Officer, and two specialist advisers supported our inspection of well-led for the trust. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

The team for the core services inspection included one inspection manager, nine inspectors, three assistant inspectors, a mental health inspector, three pharmacist inspectors, and eight specialist advisers.